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ABSTRACT

Minnesota Planning developed the Children's Report Card in 1994 to help the state and its 87 counties gauge the well-being of Minnesota's children and youth. The report was created as an extension of Minnesota Milestones, a long-range plan for the state and a tool to measure results which was developed by Minnesota Planning in 1992. For the first time, this 1999 report card is organized around 6 of the 19 Milestones goals. The new structure is intended to strengthen the state's ability to track trends. With a focus on county-level data on children and youth, the report card presents data on 6 new indicators and 5 revised indicators. The indicators are: (1) children in poverty; (2) children in families receiving welfare; (3) children from low-income families; (4) school transfers; (5) births by teens; (6) children placed out of home; (7) child abuse and neglect; (8) physical abuse; (9) sexual abuse; (10) family alcohol abuse; (11) prenatal care; (12) low birth-weight babies; (13) on-time immunization; (14) third-grade assessment; (15) basic standards; (16) high school graduation; (17) infant mortality; (18) exercise and physical activity; (19) suicide attempts; (20) smoking and tobacco use; (21) alcohol use; (22) sexual activity; (23) volunteering; (24) fighting; (25) driving under the influence of alcohol or drugs; and (26) juvenile apprehensions. The report card notes positive trends, specifically higher rates of on-time immunization, improved scores on elementary assessment tests, lower rates of infant mortality, fewer suicide attempts, reduced sexual activity, more volunteering, and less fighting. Negative trends noted are a greater proportion of low-income children, increased school transfers, increase in low birth-weight babies, and higher rates of juvenile apprehensions. (EV)

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1999 Children's Report Card

MEASURING MINNESOTA'S PROGRESS FOR CHILDREN AND YOUTH

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ED 438 024

INSIDE

Overall performance 3

Results by goals 4

Our children will not live in poverty.

Families will provide a stable supportive environment for their children.

All children will be healthy and start school ready to learn.

Minnesotans will excel in basic and challenging academic skills and knowledge.

Minnesotans will be healthy.

Our communities will be safe, friendly and caring.

Technical notes 12

Goals and indicators at a glance 15

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Summary report

Minnesota Planning developed the *Children's Report Card* in 1994 to help the state and its 87 counties gauge the well-being of Minnesota's children and youth. The report card comes in two versions — this summary report and an electronic, county-by-county analysis on the Internet. The electronic report card offers citizens easy access through Datanet, Minnesota Planning's online information system — www.mnplan.state.mn.us/datanetweb/chi.html. Datanet tracks state and county-level data over several years for each of the children's indicators in this summary. Maps and county rankings by indicator are some of the features that allow citizens to compare their county with other counties and the state.

Overall, the data reported in the *1999 Children's Report Card* points to improving conditions for Minnesota's children and youth. The current report card identifies positive trends for seven indicators and negative trends for four indicators. Unfortunately, of those indicators with positive trends in the 1996 report card, only two are still showing progress – lower rates of sexual activity and fighting.

Positive trends:
- higher rates of on-time immunization
- improved scores on elementary assessment tests
- lower rates of infant mortality
- fewer suicide attempts
- reduced sexual activity
- more volunteering
- less fighting

Negative trends:
- greater proportion of low-income children
- more school transfers
- increase in low birth-weight babies
- higher rates of juvenile apprehensions

In general, progress is noticeable across a wide range of indicators. Improvements are visible in the areas of early childhood development, education, health and caring communities. However, indicators grouped around providing children with a stable, supportive environment reveal that challenges still remain to improve conditions for children and youth. The only indicator in this grouping with a clear trend – school transfers – is negative. Fortunately, indicators on births by teens, children placed out of home and child abuse and neglect are stable. Indicators focused on child poverty suggest worsening conditions, although data is insufficient to draw firm conclusions.

New in the *Children's Report Card*

The *1999 Children's Report Card* is the third in a series of report cards which measure the welfare of children and youth in Minnesota. The first report card was issued in 1994 and the second in 1996. This year there have been a number of changes.

The *Children's Report Card* was created as an extension of *Minnesota Milestones*, a long-range plan for the state and a tool to measure results,

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which was developed by Minnesota Planning in 1992. For the first time, the *1999 Children's Report Card* is organized around six of the 19 *Milestones* goals. The new structure is intended to strengthen the state's ability to track trends. With a focus on county-level data on children and youth, the report card indicators are not meant to be a comprehensive measure of progress toward the *Milestones* goals, which have a broader focus.

The report card includes six new indicators and five revised indicators. Used in previous report cards, an indicator about missing children was dropped because the accuracy of the data was questioned. The new and revised indicators have led to greater consistency between *Minnesota Milestones* and the *Children's Report Card,* with 10 indicators shared by both.

This summary report provides more detailed information about the indicators. For each indicator, the summary report tracks statewide data. Most indicators include background information to help readers understand the significance of the data. Key findings are highlighted through maps and graphs. Counties with the 10 top and bottom rankings are identified for certain indicators. The rankings may have over 10 counties listed if several counties share the same rank. At the end of this summary report, technical notes include detailed references and data definitions.

Assessing progress

Trends are gauged as positive in 20 of the 26 indicators if the data shows a consistent decrease over time. Trends are considered to be negative when the data consistently increases. Trends are rated just the opposite for six indicators — on-time immunizations, third-grade assessment, basic standards, high school graduation, exercise and volunteer work. For these six, trends are ranked positive when the data increases, and negative when it decreases. Any indicator showing a slight or unclear data change is judged to be stable or mixed.

Calculating trends is more challenging for the 11 indicators from the Minnesota Student Survey, a statewide questionnaire of public school students. These 11 indicators present data for ninth- and 12th-graders. Positive and negative trends are noted only when the data consistently changes in the same direction for both grades. For example, when data showed positive results for one grade but not the other, the indicators were judged to be mixed. The same criteria was used for judging the multiple components of the basic standards and third-grade assessment indicators, which include various scores.

The indicator about child abuse and neglect was analyzed using additional data from *Minnesota Milestones 1998.* A mixed trend emerges from the eight years of data instead of an overall decrease shown by the *1999 Children's Report Card.* This is the only case where additional information was necessary to clarify the trend.

Many report card indicators are expressed as rates. Unless stated otherwise in the technical notes, these rates use official population estimates from the U.S. Bureau of the Census released on September 4, 1998. Because official estimates are revised annually, some of the rates in this report differ from those used by other organizations and by Minnesota Planning in previously published reports. Changing population estimates also mean that slight shifts in indicators are not likely to represent meaningful change.

Of the 26 indicators in the *Children's Report Card,* 15 use data from a variety of state and federal sources while the remaining indicators are based on data from the Minnesota Student Survey, administered by the Minnesota Department of Children, Families & Learning.

ANALYZING LOCAL DATA

Many communities use the report card to set priorities and create strategies to shape local public policy. Here are a few suggestions for understanding and using local data.

Be sure the data is complete. How and when data is reported is important information. Are the numbers complete at the time of reporting or are they modified later? Are all jurisdictions represented or have a few not reported?

Examine the data for consistency. Data is not always consistently reported. Sometimes personal judgment enters the process. Do local communities have any unwritten policies on reporting? Are the same definitions used consistently from department to department and from year to year?

Give the numbers a reality check. How communities respond to issues can make a difference in data interpretation. Do data trends reflect a worsening of the problem or a higher level of reporting and enforcement?

Determine whether the data has changed enough to be significant. Use caution when identifying trends, especially in counties with small populations. To understand data changes, study the size of the population base used to calculate rates or percentages. For example, infant mortality rates can vary greatly in small counties. The rate can double if the number of deaths increases from one to two in counties with 100 infant births per year. To adjust for such data sensitivities, Minnesota Planning now reports a three-year average for infant mortality rates, rather than a single-year rate. Some counties may find that multiple-year analysis is more meaningful for other indicators as well.

Check for population changes that may explain data shifts. Some communities experience seasonal population fluctuations, which might alter data interpretation. Do the changing numbers reflect a changing age structure in the general population or subgroups? Are population shifts being detected by current population estimates?

Give high and low rankings a closer look. Some counties may be rated among the lowest because of aggressive reporting practices for particular indicators, such as child abuse. Are the counties with positive rankings really making progress, or are they lacking standard reporting procedures?

Overall performance

The average county ranking is based on 26 indicators. The rankings were created by giving a rank number to each county for each indicator. Then the numbers were added together and divided by the total number of indicators. Counties that rank high did consistently well across indicators. The counties are listed beginning with those that have better results for children.

Top 25%

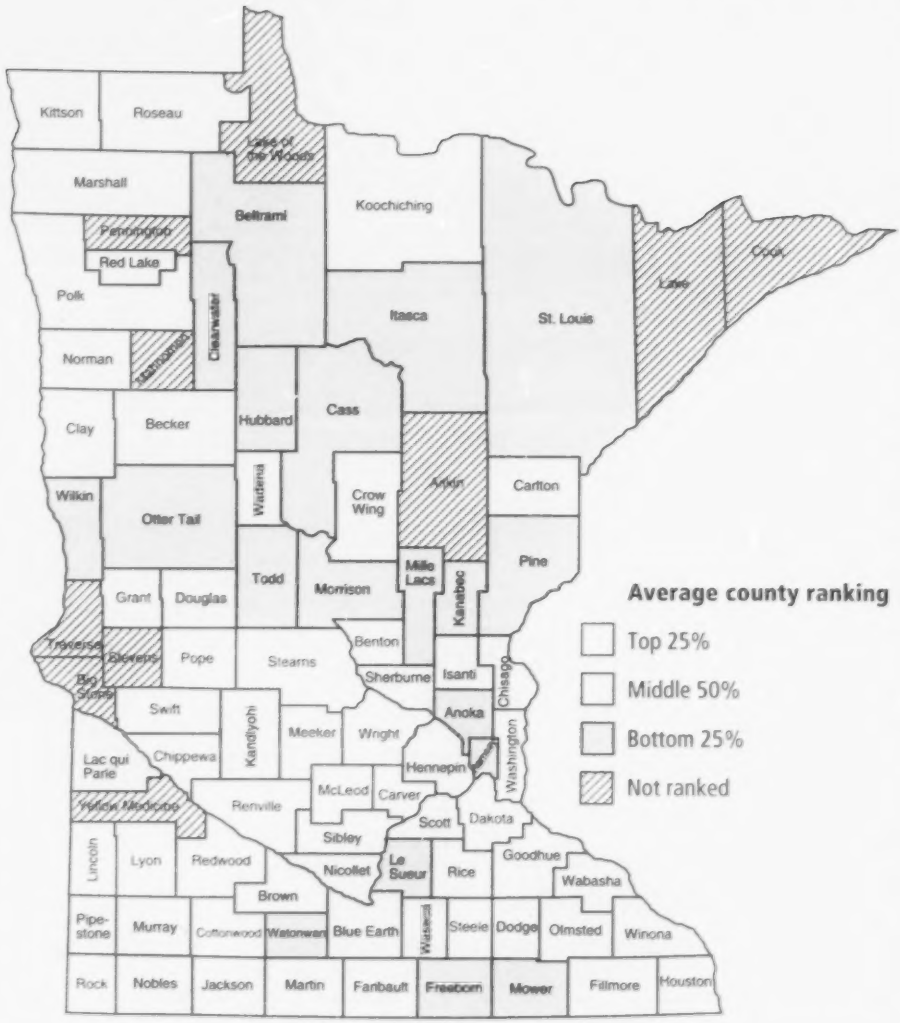
1 ..... Pope
2 ..... Carver
3 ..... Chippewa
4 ..... Redwood
5 ..... Washington
6 ..... Grant
7 ..... Renville
8 ..... Rock
9 ..... Cottonwood
9 ..... Lyon
11 ..... Benton
12 ..... Dakota
13 ..... Lincoln
14 ..... Stearns
14 ..... Swift
16 ..... Steele
17 ..... McLeod
18 ..... Meeker
19 ..... Wright

Middle 50%

20 ..... Olmsted
20 ..... Norman
22 ..... Blue Earth
23 ..... Waseca
24 ..... Winona
25 ..... Brown
26 ..... Kittson
26 ..... Rice
26 ..... Wabasha
29 ..... Marshall
30 ..... Lac qui Parle
31 ..... Scott
32 ..... Sherburne
33 ..... Sibley
34 ..... Fillmore
35 ..... Roseau
35 ..... Goodhue
37 ..... Faribault
38 ..... Murray
39 ..... Crow Wing
40 ..... Nicollet
41 ..... Houston
42 ..... Red Lake
43 ..... Hennepin
43 ..... Clay
43 ..... Kandiyohi
46 ..... Pipestone
47 ..... Isanti
48 ..... Jackson
49 ..... Carlton
50 ..... Wadena
51 ..... Chisago
52 ..... Dodge
53 ..... Polk
54 ..... Nobles
54 ..... Koochiching
56 ..... Becker
56 ..... Douglas
58 ..... Martin

Bottom 25%

59 ..... Anoka
60 ..... Freeborn
61 ..... Watonwan
62 ..... Todd
63 ..... Morrison
64 ..... Wilkin
64 ..... St. Louis
66 ..... Kanabec
67 ..... Le Sueur
68 ..... Otter Tail
69 ..... Clearwater
70 ..... Mower
71 ..... Pine
71 ..... Mille Lacs
73 ..... Itasca
74 ..... Beltrami
75 ..... Ramsey
76 ..... Hubbard
77 ..... Cass



Average rankings for 77 Minnesota counties are mapped in three groups, representing the top 25 percent, middle 50 percent, and bottom 25 percent of the state. Ten counties are not ranked because their numbers were too small to be reliable on about half of the indicators or data privacy could not be protected in counties with only one school district.

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Goal Our children will not live in poverty.

Poverty can cause immediate and lasting harm to children. Children who grow up in poverty are more likely to lack adequate food and clothing, live in poor housing, become victims of crime and violence, lack basic health care and do poorly in school.

1. CHILDREN IN POVERTY

Percentage of children under age 18 living in households below the federal poverty line

	1994 report card
Year	1989
Number	142,202
Percent	12.4%

Source: U.S. Bureau of the Census

The poverty line is a federal estimate of the pretax income needed to meet basic living costs, adjusted for family size. The U.S. Department of Commerce adjusts the poverty level annually to reflect changes in the Consumer Price Index. In 1998, the poverty level for a family of four was $16,530. Survey samples used by the Census Bureau between census years are not large enough to provide dependable, state-level data for this indicator. New data will become available from the 2000 Census.

2. CHILDREN RECEIVING WELFARE

Number of children receiving welfare through the Minnesota Family Investment Program

	1999 report card
Year	1998
Number	97,771

Source: Minnesota Department of Human Services

The Minnesota Family Investment Program replaced Aid to Families with Dependent Children in January 1998. The Family Investment Program combines cash payments and food stamps in a single benefit for poor families. Most families receiving welfare in Minnesota are limited to 60 months on public assistance.

This indicator replaces data about children receiving public assistance from the discontinued federal-state program, Aid to Families with Dependent Children, reported in the 1994 and 1996 children's report cards. Because of differences between the programs, data cannot be compared.

3. LOW-INCOME CHILDREN

Number and percentage of public schoolchildren eligible for free or reduced-price school meals

	Comparison data	Comparison data	1999 report card
School year	1992-1993	1995-1996	1998-1999
Number	186,590	208,708	222,938
Percent	23.7%	25.3%	26.3%

Source: Minnesota Department of Children, Families & Learning

This indicator measures children living near or below the poverty line. Reduced-price meals are available to children with family income below 185 percent of the federal poverty level. Free meals are available to those with income below 130 percent of the poverty line. In the 1998-1999 school year, 7.4 percent of Minnesota students were approved for reduced-price meals and 18.9 percent were approved for free meals.

Eligibility is determined by soliciting income information from parents, though not every eligible child participates in the meal program. It is believed that fewer sign up at the secondary school level and in the reduced-price category.

Beginning in 1997-1998, Minnesota changed its school finance formula for providing extra aid to school districts meeting the learning needs of poor children. The formula is based on the percentage of children signed up for free and reduced-price meals, creating a new incentive for school districts to sign up more children. This could push the trend line somewhat higher, making historical comparisons more difficult but improving the indicator as a measure of children in low-income households.

Free and reduced-price school meal eligibility as a percentage of total enrollment, 1998–1999 school year

Lowest counties		Highest counties	
Washington	9.8%	Mahnomen	65.7%
Carver	10.0	Beltrami	53.0
Dakota	11.5	Wadena	49.7
Scott	12.9	Todd	49.1
Sherburne	12.9	Cass	48.7
Anoka	16.6	Big Stone	46.7
Cook	16.7	Aitkin	46.3
Wright	17.0	Red Lake	45.4
McLeod	17.4	Hubbard	43.6
Steele	17.4	Clearwater	42.3

Goal Families will provide a stable supportive environment for their children.

Supportive and nurturing relationships promote children's emotional security, social development and academic achievement. These indicators measure aspects of family support and stability.

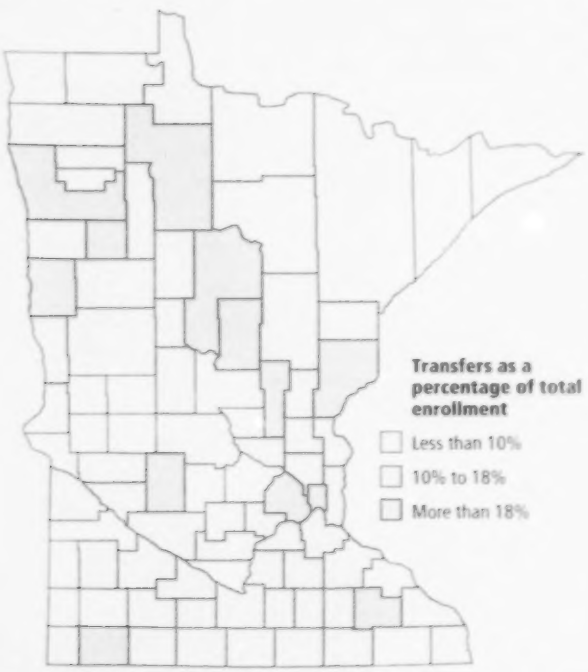
4. SCHOOL TRANSFERS

Public school transfers during the school year, as a percentage of total enrollments

	Comparison data	Comparison data	1999 report card
School year	1992-1993	1994-1995	1997-1998
Number	106,473	123,379	147,231
Percent	13.6%	15.3%	17.6%

Source: Minnesota Department of Children, Families & Learning

Thirteen counties lead state in rate of school transfers, 1997–1998 school year



The highest transfer rates in the state are in Beltrami, Cass, Clay, Crow Wing, Hennepin, Kandiyohi, Mahnomen, Mille Lacs, Nobles, Olmsted, Pine, Polk and Ramsey counties.

Source: Minnesota Department of Children, Families & Learning

While children sometimes change schools for positive reasons, high or increasing numbers of transfers show instability that can cause problems for children and schools. Research suggests that frequent moves during childhood can be associated with delinquency, depression, teen pregnancy or dropping out of school.

5. BIRTHS BY TEENS

Number of live births by teens under age 18 and births by teens as a percentage of total live births

	1994 report card	1996 report card	1999 report card
Year	1992	1994	1997
Number	1,911	1,998	2,011
Percent	2.9%	3.1%	3.1%

Source: Minnesota Department of Health

Bearing a child during adolescence is often associated with long-term difficulties, including a high rate of dependence on public assistance. Teen mothers are at higher risk than older mothers for prenatal and birth complications. Their newborn children are more likely to receive poor medical care and be at higher risk for low birth weight and infant mortality. These young mothers also are more likely to be single parents. Only about half of them complete high school, which limits job prospects and the ability to support a child. In addition, children of adolescent parents have higher risks of lower academic achievement, lower educational expectations, and more behavioral disorders than do children born to older parents.

Births by teens as a percentage of total live births are influenced by a number of variables including the number of teens in the population and the number of births to women age 18 and older. The number and rate of births by teens and teen pregnancy data are available online through the Minnesota Department of Health's County Health Profiles at www.mnplan.state.mn.us/datanetweb/health.html.

Births by teens as percentage of total live births, 1997

Lowest counties		Highest counties	
Norman	0.0%	Watonwan	10.3%
Pipestone	0.0	Mahnomen	9.3
Red Lake	0.0	Rock	7.7
Traverse	0.0	Beltrami	7.0
Wabasha	0.4	Cass	6.9
Swift	0.7	Big Stone	6.7
Brown	1.0	Koochiching	6.1
Murray	1.0	Lake of the Woods	6.1
Roseau	1.1	Pine	5.3
Carver	1.5	Mille Lacs	5.2
Houston	1.5		

6. CHILDREN PLACED OUT OF HOME

Number and rate of children, under age 18, placed in out-of-home care

	1994 report card	1996 report card	1999 report card
Year	1992	1993	1997
Number	18,096	18,673	18,381
Rate per 1,000	14.9	15.3	14.7

Source: Minnesota Department of Human Services

Out-of-home placement refers to children who are removed from their parents' homes and cared for in a different setting. Placement settings range from family foster care homes to group residential homes to institutional care facilities. Children are placed with relatives or friends whenever it is possible and in the child's best interest. Federal and state laws determine policies on placement for these children.

Children are placed in out-of-home care for a variety of reasons. The Minnesota Department of Human Services estimates that of the children in out-of-home care, 46 percent were placed there due to such problems as abuse or neglect, parental substance abuse and illness. About 43 percent of these children were removed from their homes for such reasons as behavior problems or disabilities.

Out-of-home placements, rate per 1,000 children in the total population, 1997

Lowest counties		Highest counties	
Murray	1.2	Mahnomen	52.0
Douglas	3.2	Cass	35.9
Big Stone	4.1	Itasca	26.1
Lincoln	4.2	Polk	26.0
McLeod	4.8	St. Louis	24.7
Sibley	4.9	Clay	21.7
Roseau	5.4	Mower	20.9
Fillmore	5.7	Hennepin	20.8
Stevens	5.9	Yellow Medicine	20.4
Meeker	6.0	Jackson	20.3
		Martin	20.3

7. CHILD ABUSE AND NEGLECT

Number of substantiated reports of child abuse and neglect, and rate per 1,000 children under age 18 in the total population

	1994 report card	1996 report card	1999 report card
Year	1992	1994	1997
Number	11,217	10,438	10,777
Rate per 1,000	9.3	8.5	8.6

Source: Minnesota Department of Human Services

The effects of child abuse and neglect are far-reaching. Research has shown that children who have been abused and neglected are more likely to perform poorly in school, get involved in criminal activities, and abuse or neglect their own children. Not all child abuse and neglect occur in the child's home. Preventing abuse and neglect is critical to protecting Minnesota's children and minimizing the costs of long-term intervention for crime, corrections, truancy, hospitalization, special education and mental health care.

This indicator reflects only reported cases that are substantiated by the local welfare agency. While the report card provides both numbers and rates for child abuse and neglect, each instance measures a substantiated report of abuse or neglect to a victim. Multiple reports made about the same victim in the same year are counted as multiple incidents.

Child abuse and neglect, rate per 1,000 children in the total population under age 18, 1997

Lowest counties		Highest counties	
Murray	1.6	Polk	17.4
Cook	1.8	Mahnomen	16.9
Meeker	1.8	Cottonwood	16.0
Pine	1.8	Douglas	14.9
Todd	2.0	Hennepin	14.1
Kanabec	2.4	Ramsey	14.0
Lac qui Parle	2.4	Crow Wing	13.6
Goodhue	2.5	Faribault	13.1
Clearwater	2.6	Swift	12.8
Marshall	2.7	Blue Earth	12.1

The Minnesota Department of Children, Families & Learning also collects abuse data through the Minnesota Student Survey, which asks students about physical and sexual abuse, as well as family alcohol abuse.

8. PHYSICAL ABUSE

Percentage of students who said they experienced physical abuse or witnessed physical abuse of family members

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	20.7%	18.0%	18.4%
12th grade	18.3%	13.9%	14.6%

Source: Minnesota Department of Children, Families & Learning

9. SEXUAL ABUSE

Percentage of students who said they experienced sexual abuse

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	9.7%	8.6%	8.8%
12th grade	11.7%	9.5%	8.4%

Source: Minnesota Department of Children, Families & Learning

10. FAMILY ALCOHOL ABUSE

Percentage of students who said they experienced family alcohol abuse

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	18.0%	15.3%	17.7%
12th grade	20.0%	14.6%	17.6%

Source: Minnesota Department of Children, Families & Learning

Goal All children will be healthy and start school ready to learn.

The early childhood years — birth to age 5 — are a critical period of growth and development. This goal reflects the growing scientific understanding of how healthy pregnancies and early nurturing contribute to brain development and later success in school. School district and county data on early childhood development gathered from preschool screening will be available in fall 1999 on Minnesota Planning's Datanet website (www.lmic.state.mn.us/dnet/datanet.htm).

11. PRENATAL CARE

Number of newborns who receive inadequate or no prenatal care and as a percentage of all births

	1994 report card	1996 report card	1999 report card
Year	1992	1994	1997
Number	2,174	1,842	1,846
Percent	3.5%	3.0%	3.0%

Source: Minnesota Department of Health

Research shows that timely and adequate prenatal care greatly improves the chances for healthier newborns including improved rates of low birth weight and infant mortality. Although Minnesota ranks as one of the healthiest states in the nation, it ranks 23rd in providing adequate prenatal care to pregnant women. This indicator data has been revised from previous years.

12. LOW BIRTH-WEIGHT BABIES

Number of babies weighing less than 5.5 pounds at birth and percentage of total live births

	1994 report card	1996 report card	1999 report card
Year	1992	1994	1997
Number	3,414	3,664	3,801
Percent	5.2%	5.7%	5.9%

Source: Minnesota Department of Health

Low birth weight puts infants at a higher risk for health problems, developmental delays and increased need for specialized medical, social, educational and other services. Babies are at higher risk for low birth weight if the mother smokes, is younger than 20 or older than 35, has less than 12 years of education, does not receive prenatal care, has poor nutrition or has a medical condition associated with low birth weight. The leading cause of low birth weight is premature birth (born before 37 weeks). Minnesota's low birth-weight rate has increased at the same time that the percentage of premature births has remained stable and the number and percentage of twin and triplet births has increased.

Percentage of low birth-weight babies to total births, 1997

Lowest counties		Highest counties	
Cook	0.0%	Lake of the Woods	12.1%
Red Lake	0.0	Wilkin	10.3
Traverse	0.0	Clearwater	8.4
Stevens	1.9	Wadena	8.4
Redwood	2.4	Wabasha	7.6
Rock	2.6	Martin	7.5
Pipestone	2.7	Kanabec	7.3
Houston	2.9	Kandiyohi	7.3
Yellow Medicine	3.0	Mower	7.2
Chippewa	3.1	Chisago	7.0

13. ON-TIME IMMUNIZATION

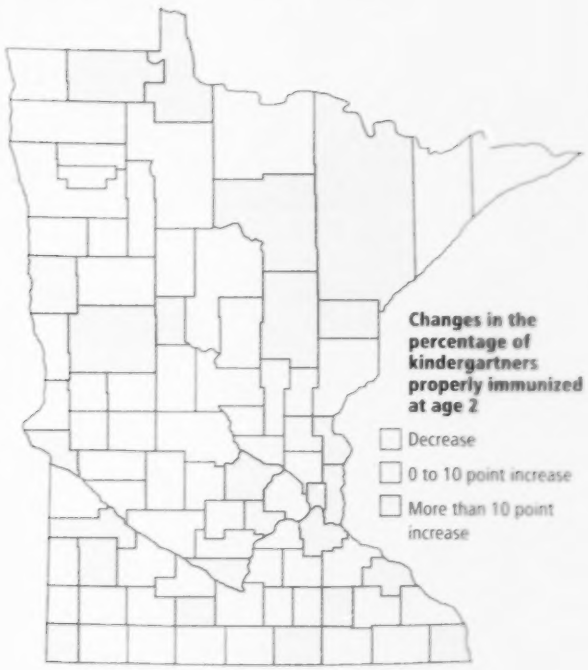
Percentage of kindergartners who were adequately immunized at age 2

	Comparison data	1999 report card
Year	1992-1993	1996-1997
Percent	60.7%	68.4%

Source: Minnesota Department of Health

Timely immunization protects children against illness, disability and death from infectious diseases such as hepatitis, diphtheria, tetanus, polio, measles, mumps and rubella. Research indicates that although most Minnesota children start immunizations on time, they fall behind schedule until kindergarten. This means that some children are not fully protected during vulnerable preschool years.

Most counties improved immunization rate, school years 1992–1993 and 1996–1997


Changes in the percentage of kindergartners properly immunized at age 2
Decrease
0 to 10 point increase
More than 10 point increase

Source: Minnesota Department of Health

Goal Minnesotans will excel in basic and challenging academic skills and knowledge.

Minnesotans value an educated citizenry. The state now requires students to pass basic-standards tests in reading, writing and mathematics in order to graduate from high school, and challenges them to meet high standards in 10 areas ranging from science to the arts.

14. THIRD-GRADE ASSESSMENT

Number and percentage of third-graders scoring at level three or four on statewide tests that measure preparedness for meeting high standards in high school

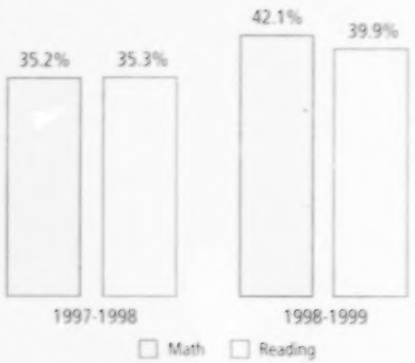
	Comparison data	1999 report card
School year	1997-1998	1998-1999
Math		
Number	21,347	25,980
Percent	35.2%	42.1%
Reading		
Number	21,380	24,649
Percent	35.3%	39.9%

Source: Minnesota Department of Children, Families & Learning

Although tests are not the only way to measure learning, research suggests that standardized test results for third-graders are a very good predictor of later achievement in school. Started in the 1997-1998 school year, these tests are designed to challenge students so that in high school they can meet the high standards component of Minnesota's new graduation standards.

Scores are grouped in four levels; level four is the highest. Students scoring at level three or four are on track to achieve the high standards in high school, while those at level one or two need more intensive preparation. State education officials believe that achievement of the high standards will put Minnesota at the top of national and international rankings.

Minnesota third-graders made improvements in math and reading scores



Source: Minnesota Department of Children, Families & Learning

15. BASIC STANDARDS

Number and percentage of eighth-graders testing proficient on the statewide basic standards for math and reading and 10th-graders testing proficient on the basic standards for writing

	Comparison data	1999 report card
School year	1997-1998	1998-1999
Math		
Number	45,489	45,911
Percent	70.6%	70.2%
Reading		
Number	43,811	49,180
Percent	68.0%	75.2%
Writing		
Number	n/a	53,392
Percent	n/a	84.6%

Source: Minnesota Department of Children, Families & Learning

As part of Minnesota's new graduation requirements for all public schools, students must score 75 percent or better on the math and reading basic-standards tests, and adequate or better on the writing exam. The math and reading tests are given in eighth grade, and those who do not score 75 percent must take

them again each year until they do. The test was phased in during 1996 and 1997, when about 78 percent of eighth-graders participated, although districts could use optional tests, and testing dates were not uniform. All districts were required to participate starting in 1998, and 96 percent of all enrolled eighth-graders took the tests. Few students are exempted. Most special education students and students with limited English proficiency were tested. The writing component became mandatory for 10th-graders in the 1998-1999 school year.

16. HIGH SCHOOL GRADUATION

Number and percentage of public school ninth-graders who graduate on time, continue in school or drop out

	1999 report card
School year	1996-1997
Graduate	
Number	46,680
Percent	78.2%
Continue in high school	
Number	6,261
Percent	10.5%
Drop out	
Number	6,758
Percent	11.3%

Source: Minnesota Department of Children, Families & Learning

This indicator uses improved high school completion data and replaces the high school dropout rate reported in previous report cards. It tracks the number of public school ninth-graders who, four years later, complete high school on time, continue in school past their normal graduation date, or drop out.

Percentage of ninth-graders graduating on time, 1996–1997 school year

Highest counties		Lowest counties	
Cottonwood	99.3%	Crow Wing	69.1%
Pope	99.1	Ramsey	73.8
Lake of the Woods	97.9	Hennepin	74.7
Grant	97.8	Cass	76.0
Chippewa	97.5	Beltrami	77.0
Murray	97.5	Chisago	80.1
Fillmore	97.3	Sherburne	81.0
Aitkin	97.2	Freeborn	81.7
Lincoln	97.2	Winona	81.7
Benton	97.1	Anoka	81.9
Dodge	97.1		
Stevens	97.1		

Goal Minnesotans will be healthy.

Behaviors learned in childhood can have long-term health consequences in adulthood. Positive behaviors such as exercise and physical activity can develop into habits that help children and teens remain healthy and active, as they grow older. Some risk behaviors, such as tobacco use, can seriously harm a person's life and health. In addition to including a widely accepted measure of childhood health – infant mortality – these indicators attempt to measure both positive and negative behaviors that can influence the future health of adolescents.

17. INFANT MORTALITY

Over a three-year period, the number of infant deaths and the average infant mortality rate per 1,000 live births

	1994 report card	1996 report card	1999 report card
Year	1991-1993	1992-1994	1995-1997
Number	1,453	1,402	1,186
Rate per 1,000	7.4	7.2	6.2

Source: Minnesota Department of Health

Infant mortality is an international health indicator and an indirect measure of prenatal care. The rate includes deaths that occur from birth to the first birthday. Medical advances in the care of very premature infants have improved survival rates over the past decade. Because the rate in smaller populations is greatly influenced by annual variation, county level data is shown as a three-year average. Statewide data is also shown as a three-year average in the report card to allow for comparisons. These rates have been revised from previous report cards.

Infant mortality has decreased in Minnesota since 1991

Source: Minnesota Department of Health

18. EXERCISE AND PHYSICAL ACTIVITY

Percentage of students who reported exercise or physical activity four or more days in the previous week

	1999 report card
Year	1998
9th grade	68.1%
12th grade	50.6%

Source: Minnesota Department of Children, Families & Learning

Regular physical activity provides short-term benefits and reduces long-term risks for disability and premature death. It also helps people manage weight, contributes to the development and maintenance of healthy bones, muscles and joints, and reduces symptoms of anxiety and depression. Recent research about physical activity show that a little exercise is better than none, and a lot is better than a little.

Exercise and physical activity is a new indicator in the *1999 Children's Report Card*. Comparison data for this new indicator will be available when the next student survey is conducted in 2001.

19. SUICIDE ATTEMPTS

Percentage of students who said they have attempted suicide

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	12.8%	14.0%	12.3%
12th grade	12.9%	12.0%	9.9%

Source: Minnesota Department of Children, Families & Learning

Adolescence is a time of great physical, emotional and social change. Many adolescents find their way through these years with the support and guidance of caring families, schools and communities. Yet others may not be as successful and may become involved in risky behaviors that result in harm. The decreasing number of teen suicide attempts could signal an improvement in helping at-risk youth find assistance to deal with life's difficulties.

20. SMOKING AND TOBACCO USE

Percentage of students who reported weekly or daily use of cigarettes, or chewing tobacco or snuff

	1999 report card
Year	1998
9th grade	20.5%
12th grade	34.0%

Source: Minnesota Department of Children, Families & Learning

In Minnesota and nationally, tobacco use is the leading cause of preventable death. Reduction in smoking and tobacco use likely would lead to a reduction in premature deaths.

Smoking and tobacco use by young people is especially harmful. Past studies have shown that smoking at a young age stunts the lungs' full development and increases the risk of breathing problems later in life. More recent research links teen smoking to permanent genetic changes in the lungs that forever increases the risk of lung cancer, even if the smoker quits. The younger a person begins smoking, the greater the damage that is done. Comparison data for this newly revised indicator will be available when the next student survey is conducted in 2001.

21. ALCOHOL USE

Percentage of students who said they have consumed alcoholic beverages in the last year

	1999 report card
Year	1998
9th grade	55.6%
12th grade	71.5%

Source: Minnesota Department of Children, Families & Learning

Recent research shows that the younger a person begins drinking, the more probable it is that they will develop a clinically defined disorder such as alcoholism or alcohol abuse. Compared to those who begin drinking at age 21, people who start before age 15 are four times more likely to develop alcoholism and two times more likely to develop alcohol abuse. Comparison data for this newly revised indicator will be available in the 2001 student survey.

22. SEXUAL ACTIVITY

Percentage of students who reported having had sex at least once

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	28.0%	26.4%	22.8%
12th grade	60.6%	54.8%	50.2%

Source: Minnesota Department of Children, Families & Learning

Research indicates that once individuals have had sex, they are likely to continue being sexually active. This puts women at risk for pregnancy, which in adolescence is associated with long-term difficulties including a high rate of dependence on public assistance. Sexual activity also puts people at risk for sexually transmitted diseases such as AIDS/HIV.

In addition to a decrease in sexual activity among Minnesota teens, more than half of sexually active teens reported that either they or their partner used a condom the last time they had sexual intercourse.

Sexual activity among teens is decreasing

Source: Minnesota Department of Children, Families & Learning

Goal Our communities will be safe, friendly and caring.

Minnesotans value personal and community responsibility — being good neighbors. Strong communities and neighborhoods are an important part of Minnesota's heritage and quality of life. When people feel safe in their neighborhoods, they are more likely to be out and involved. Minnesotans want to live in friendly communities where people actively care for each other.

23. VOLUNTEERING

Percentage of students who said they completed one or more hours of volunteer work or community service in a typical week during the school year

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	29.5%	26.7%	30.7%
12th grade	28.8%	30.3%	33.9%

Source: Minnesota Department of Children, Families & Learning

In a 1996 survey, about one-quarter of U.S. high school seniors said that making a contribution to society is "extremely important." Volunteer work and community service are two ways they contribute. These activities help young people build relationships across generations and experience adult roles through increased responsibilities and leadership opportunities.

24. FIGHTING

Percentage of students who said they fought in the last year

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	44.6%	39.1%	38.4%
12th grade	30.3%	22.5%	21.7%

Source: Minnesota Department of Children, Families & Learning

Minnesota data, like national data, shows a decrease in fighting between ninth and 12th grade. The cause for this decrease is not entirely clear. It could be due to increasing maturity, a change in the willingness to report fights or a tendency for violence-prone youth to drop out of school, leaving a less violent pool of students in the higher grades.

25. DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

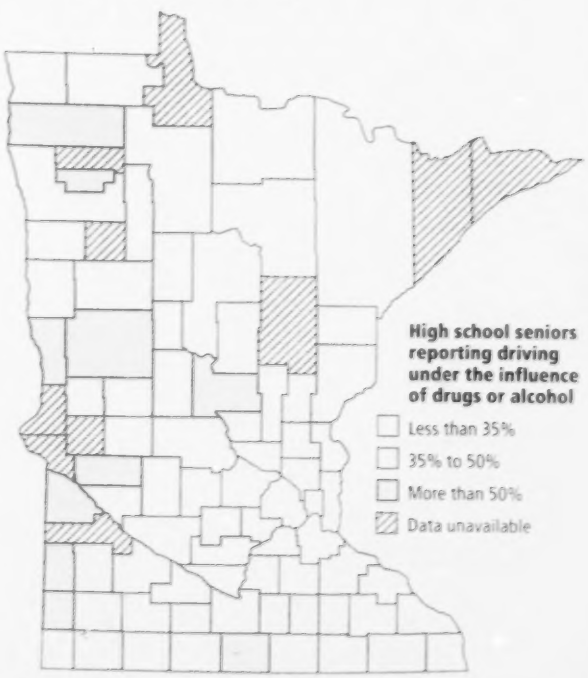
Percentage of students who said they drove a motor vehicle in the past year after using alcohol or other drugs

	1994 report card	1996 report card	1999 report card
Year	1992	1995	1998
9th grade	3.7%	11.5%	9.0%
12th grade	30.4%	49.0%	35.2%

Source: Minnesota Department of Children, Families & Learning

The Minnesota Department of Public Safety recently documented an increase in alcohol-related traffic fatalities among young drivers. For drivers between age 15 and 24, fatalities climbed from 37 percent in 1997 to 55 percent in 1998. Driving under the influence of drugs or alcohol can have fatal consequences and curbing this behavior likely will lead to fewer traffic accidents and fatalities. The significant increase in rates by ninth-graders since 1992 is cause for concern.

Percent of high school seniors who are driving after drinking or taking drugs, 1998


High school seniors reporting driving under the influence of drugs or alcohol
Less than 35%
35% to 50%
More than 50%
Data unavailable

Source: Minnesota Department of Children, Families & Learning

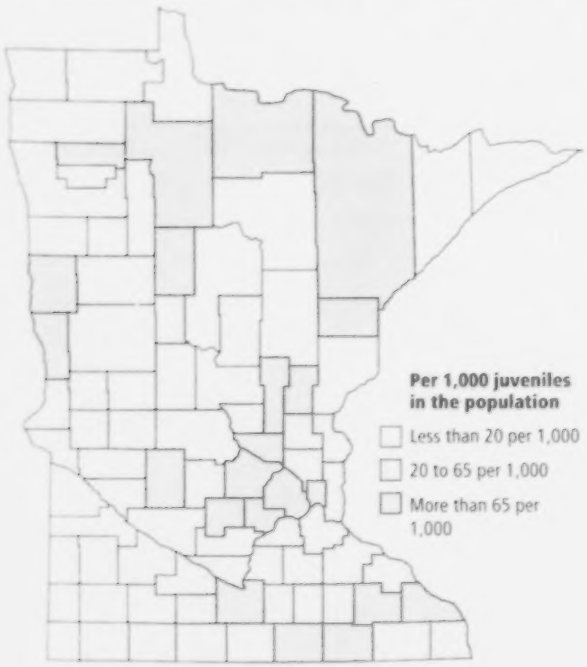
26. JUVENILE APPREHENSIONS

Number of apprehensions for all offenses and rate per 1,000 juveniles in the total population

	1994 report card	1996 report card	1999 report card
Year	1991	1994	1997
Number	43,758	63,499	79,072
Rate per 1,000	36.7	51.4	63.2

Source: Minnesota Department of Public Safety

1997 juvenile apprehension rates vary across state



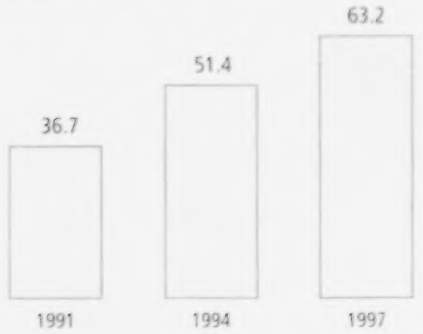
Source: Minnesota Department of Public Safety

Arrests of juveniles are called apprehensions. This data includes all apprehensions for juveniles and ranges from violent crimes such as murder, burglary and motor vehicle theft to juvenile offenses such as curfew violations, loitering and running away.

In the 1990s, the rate of violent and serious property crime has remained mostly steady, though significant increases have occurred for less serious crimes (Part II offenses) and juvenile offenses. Between 1991 and 1997, the number of juvenile offenses nearly tripled and the number of less serious crimes more than doubled.

While the report card details both numbers and rates for juvenile apprehensions, a single apprehension may cover several offenses. When juveniles are apprehended and have committed multiple offenses, the apprehension is counted for the most serious offense. In addition, a single youth may be apprehended several times in a year, so apprehensions cannot be easily translated into the number of juvenile offenders.

Juvenile apprehensions are increasing in Minnesota, rate per 1,000 juveniles



Source: Minnesota Department of Public Safety

Technical notes

These notes provide greater detail about the report card indicators, including expanded reference information, data interpretation and detailed definitions.

Eleven indicators (8, 9, 10, 18, 19, 20, 21, 22, 23, 24 and 25) in the *1999 Children's Report Card* use data from the 1998 Minnesota Student Survey administered by the Minnesota Department of Children, Families & Learning. Every three years, sixth-, ninth- and 12th-graders in public schools statewide answer over 100 questions about school, health, sexual activity and use of alcohol, drugs and tobacco. Started in 1989, the survey is voluntary. About 92 percent of the state's public schools participated in the 1998 survey, which represents about 97 percent of the public school students. Each participating district receives a detailed report of results for their district and a statewide report for comparison. Individual school district results may be available directly from district offices. This report card groups school districts by county based on the location of district administrative offices.

For data privacy reasons, student survey data is not reported for counties with only one school district. In addition, some counties did not survey ninth- or 12th-graders. Data is withheld for nine counties: Big Stone, Cook, Lake, Lake of the Woods, Mahnomen, Pennington, Stevens, Traverse and Yellow Medicine. Only ninth-grade student survey data is reported for Aitkin County. In addition, some other county percentages are based on extremely small sample sizes. For tips on analysis of local data, see the introduction of this report on page 2.

1. CHILDREN IN POVERTY

The U.S. Bureau of the Census collected this data in the 1990 Decennial Census. Beginning in 2001, annual statewide and regional data is expected from the bureau's American Community Survey.

2. CHILDREN RECEIVING WELFARE

This data is collected by the Minnesota Department of Human Services. Once 1998 population estimates become available in fall 1999, state and county rates will be calculated for children on the Minnesota Family Investment Program. This data will be available through Minnesota Planning's online *1999 Children's Report Card* (www.mnplan.state.mn.us/datanetweb/chi.html). Data for children on Aid to Families with Dependent Children is available from past report cards, but direct comparisons between children on AFDC and children on MFIP are not recommended since the programs are significantly different.

3. LOW-INCOME CHILDREN

The Minnesota Department of Children, Families & Learning collects this data October 1 every year and publishes it in the *K-12 Economic Indicator Report*. The data shows the percentage of kindergartners through 12th-graders who are eligible for free and reduced-price breakfast and lunch programs, not those who actually use the service.

4. SCHOOL TRANSFERS

The Minnesota Department of Children, Families & Learning, Data Management Unit publishes this information in annual Mobility Index reports based on the Minnesota Automated Reporting Student System of individual student records. The indicator is the ratio of all public school transfers during the school year to the total enrollment on October 1 of each year. Transfers include each instance of a student moving into a district, out of a district, or between schools within a district after the start of the school year. Student transfers in the summer between school years are not counted. A student who transfers several times is counted each time. Reliable data is not available before 1993.

5. BIRTHS BY TEENS

From the Minnesota Department of Health, Center for Health Statistics, this indicator measures live births by teen mothers younger than age 18 as a percentage of all live births. Data on teen pregnancy also is available online from the Minnesota Department of Health's County Health Profiles at www.mnplan.state.mn.us/datanetweb/health.html.

6. CHILDREN PLACED OUT OF HOME

Minnesota Department of Human Services, Community Services Division and the Family and Children's Services Division collects this data. Additional information on foster care and out-of-home placement is available on the Internet from the Department of Human Service's Information Center at www.dhs.state.mn.us/childint/Fostercare/default.htm.

7. CHILD ABUSE AND NEGLECT

The Minnesota Department of Human Services publishes child maltreatment reports every year. This indicator measures the number and rate (per 1,000 children in the total population) that were physically, sexually or emotionally abused or neglected, as reported to police or welfare authorities. Only substantiated reports of abuse and neglect are included. Rates are based on U.S. Bureau of the Census estimates released in September 1998 and may differ from other published rates using other population figures.

8. PHYSICAL ABUSE

The Minnesota Department of Children, Families & Learning through the 1998 Minnesota Student Survey collects this data every three years. The physical abuse indicator represents the percentage of students who answered "yes" to survey questions 61 or 62: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person? Has anyone in your family ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?" Students answering "yes" to both questions were counted only once in the final tally.

9. SEXUAL ABUSE

This indicator represents the percentage of students who answered "yes" to survey questions 63 or 64 in the 1998 Minnesota Student Survey: "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually? Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?" Students answering "yes" to both questions were counted only once in the final tally.

10. FAMILY ALCOHOL ABUSE

Taken from the 1998 Student Survey, this data measures the percentage of students who answered "yes" to question 59: "Has alcohol use by any family member repeatedly caused family, health, job, or legal problems?"

11. PRENATAL CARE

The Minnesota Department of Health, Center for Health Statistics collects data about the number and percentage of newborns whose mother had not seen a doctor before her seventh month or at any time during her pregnancy. The calculation for this indicator changed, so that the new data is not comparable with previous written report cards, although the online report card is being revised to include the new data. In the past, annual summaries used physician estimates of the length of pregnancies, which were based on birth certificates. Revised statistical methods are now used to determine the length of pregnancy. In some instances this change has lead to a reclassification of when prenatal care began. National comparison data taken from the 1997 Reliastar State Health Rankings.

12. LOW BIRTH-WEIGHT BABIES

Minnesota Department of Health, Center for Health Statistics collects information about low birth weight, defined as less than 2,500 grams, or about 5.5 pounds. Babies whose birth weight is unknown are omitted from the percentage, although they are included in the total number of live births used as a basis for the percentage.

13. ON-TIME IMMUNIZATION

The Minnesota Department of Health, Acute Disease Prevention Services periodically collects on-time immunization data through the Retrospective Kindergarten Survey. Results reflect the percentage of kindergartners who were up to date with immunizations at 24 months of age. Data includes all children enrolled in a public or private kindergarten program in Minnesota. Preschool screening data, available in fall 1999 on Datanet, is an additional source of annual immunization data.

14. THIRD-GRADE ASSESSMENT

This data is from the Minnesota Department of Children, Families & Learning, Office of Graduation Standards, "Statewide Testing Results Set Stage for High Standards," June 1998, and "Minnesota Comprehensive Assessment Test Results." School and school district results are available on the Internet (cfl.state.mn.us/GRAD/results.htm). Mandated by the 1997 Minnesota Legislature, all public schools must participate; 84 private schools voluntarily participated in 1999. This indicator reports third-grade test results, which measures those students on track to meet the High Standards requirements for graduation from high school. The third-grade test includes interpretation of reading material and real-world application of math problems.

The *1999 Children's Report Card* and *1998 Minnesota Milestones* report use different third-grade reading data. After the publication of the *1998 Milestones* report, more detailed data became available that showed 35.3 percent of third graders, not 36 percent, scored at level three or four on reading tests during the 1997-1998 school year

15. BASIC STANDARDS

The Minnesota Department of Children, Families & Learning, Office of Graduation Standards collects this information through its annual Minnesota Basic Standards Tests. The website (cfl.state.mn.us/GRAD/results.htm) contains school and school district data. One of two components of the state's new graduation standards is the Basic Standards test, which must be passed between eighth grade and graduation. To pass, students must receive a score of 75 percent or better on the math and reading tests. Beginning in the 1998-1999 school year, 10th-graders must complete the basic standard writing component. Tenth-graders must write an essay following specific instructions and receive a score of adequate or more than adequate to pass the state writing standard.

16. HIGH SCHOOL GRADUATION

The Minnesota Department of Children, Families & Learning, Data Management Unit collects student transfer data. Students known to have transferred out of Minnesota public schools are not counted in the graduation rate. Previous Minnesota Planning publications reported data for the class of 1996. This data is not included in the report card because it does not include school consolidations, which resulted in questionable data for some counties.

17. INFANT MORTALITY

From the Minnesota Department of Health, Minnesota Center for Health Statistics, infant mortality data includes all deaths that occur from birth to the first birthday. Over three years, the rate is determined by dividing all infant deaths by the number of live births and multiplying by 1,000 to calculate the rate per 1,000 live births.

The Minnesota Department of Health, Vital Records Division changed the data for the number of infant deaths in 1991-1993 and 1992-1994, which was published in previous report cards. The 1999 report uses the newly revised data. The rates have also been revised from previous report cards.

18. EXERCISE AND PHYSICAL ACTIVITY

The data comes from the 1998 Minnesota Student Survey, questions 32 and 33 about students who reported exercising for 20 minutes or being physically active for at least 30 minutes a day, four or more days in the previous week.

19. SUICIDE ATTEMPTS

Collected in the 1998 Minnesota Student Survey, this data is the percentage of students who answered "yes" to question 56: "Have you ever tried to kill yourself?"

20. SMOKING AND TOBACCO USE

Past report cards have examined weekly cigarette use. The definition for the *1999 Children's Report Card* has been changed to include daily or weekly use of cigarettes, chewing tobacco or snuff in response to question 76 of the 1998 Minnesota Student Survey. The count does not include students reporting monthly use, or less, of tobacco products.

21. ALCOHOL USE

Past report cards have reported students' daily, weekly or monthly alcohol use, but that data is not collected any more by the Minnesota Student Survey. The *1999 Children's Report Card* identifies the percentage of students who answered "yes" to question 79: "During the last 12 months, have you had any alcoholic beverages?"

22. SEXUAL ACTIVITY

From the 1998 Minnesota Student Survey, this data represents the percentage of students who answered "yes, once or twice" or "yes, three times or more" to question 111: "Have you ever had sexual intercourse ("gone all the way")?"

23. VOLUNTEERING

This indicator measures the percentage of students who reported completing one or more hours per week of volunteer work or community service. The data is from the 1998 Minnesota Student Survey, question 72: During the school year, how many hours in a typical week do you spend volunteering? National comparison data was taken from *Trends in the Well-Being of America's Children and Youth: 1998*, a publication of the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (aspe.os.dhhs.gov/hsp/98trends/trends98.htm).

24. FIGHTING

Also from the 1998 Minnesota Student Survey, this indicator represents the percentage of students who reported one or more instances in response to question 72: "During the last 12 months, how often have you hit or beat up another person?" National comparison data was taken from *Trends in the Well-Being of America's Children and Youth: 1998*, a publication of the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (aspe.os.dhhs.gov/hsp/98trends/trends98.htm).

25. DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

Past report cards have tracked the percentage of students who answered "yes, often" or "yes, rarely," to a student survey question: "Do you drive after you've been drinking or using drugs?" The *1999 Children's Report Card* now uses the percentage of students who reported one or more instances in response to question 105: "During the last 12 months, how many times have you driven a motor vehicle after using alcohol or other drugs?" Data is from the 1998 Minnesota Student Survey.

26. JUVENILE APPREHENSIONS

Data includes all juvenile apprehensions for those crimes considered Part I, Part II or juvenile offenses. Part I offenses are the crimes of murder, negligent manslaughter, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson. Part II offenses include other assaults, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution, other sex offenses, narcotics offenses, gambling offenses, offenses against family or children, driving under the influence, liquor laws, disorderly conduct, vagrancy and other offenses (except traffic). Juvenile offenses include curfew or loitering and runaways. For more detailed information on juvenile apprehension data visit Minnesota Planning's Criminal Justice Center website at www.mnplan.state.mn.us/cj.

GOALS AND INDICATORS AT A GLANCE

Our children will not live in poverty.

1. Children in poverty
2. Children receiving welfare
3. Low-income children

Families will provide a stable supportive environment for their children.

4. School transfers
5. Births by teens
6. Children placed out of home
7. Child abuse and neglect
8. Physical abuse
9. Sexual abuse
10. Family alcohol abuse

All children will be healthy and start school ready to learn.

11. Prenatal care
12. Low birth-weight babies
13. On-time immunization

Minnesotans will excel in basic and challenging academic skills and knowledge.

14. Third-grade assessment
15. Basic standards
16. High school graduation

Minnesotans will be healthy.

17. Infant mortality
18. Exercise and physical activity
19. Suicide attempts
20. Smoking and tobacco use
21. Alcohol use
22. Sexual activity

Our communities will be safe, friendly and caring.

23. Volunteering
24. Fighting
25. Driving under the influence of alcohol or drugs
26. Juvenile apprehensions

Minnesota Planning develops long-range plans for the state, stimulates public participation in Minnesota's future and coordinates activities among state agencies, the Legislature and other units of government.

The *1999 Children's Report Card* was prepared by Amy Walter with assistance from Richard Fong, Jim Ramstrom, Susan Roth and Lee Schutz. Data and technical assistance were provided by Jim Colwell and Carol Hokenson, Minnesota Department of Children, Families & Learning; Judy Palermo, Angie Sechler and Dzung Thai, Minnesota Department of Health; John Byhre, Judy Kuck and Nancy Miller, Minnesota Department of Human Services; and Debra Hagel, Minnesota Planning.

Upon request, the *1999 Children's Report Card* will be made available in an alternate format, such as Braille, large print or audio tape. For TTY, contact Minnesota Relay Service at 800-627-3529 and ask for Minnesota Planning.

September 1999

Additional copies of this report are available on the Internet (www.mnplan.state.mn.us) or by contacting Minnesota Planning. The *1999 Children's Report Card* database is accessible through DATANET (www.lmic.state.mn.us/dnet/datanet.htm).

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